Choosing Quality, Rewarding Excellence

Ontario's Response to the Caplan Report on Home Care

May 1, 2006

Ontario

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Introduction

Ontarians tell us that they prefer to receive care at home – rather than in a hospital or other institution. New technologies and advances in drug treatments are making it possible for the health care system to provide more services at home. Care that was once only available in hospital, such as dialysis, intravenous therapy and chemotherapy, can now be delivered safely at home.

Home care is providing a much wider range of services than in the past, including post-operative care, rehabilitation services, end-of-life care, ongoing nursing and personal support services for people with chronic illnesses, and community support services such as meals and help with homemaking for people who are frail or disabled.

Ontario's Goal

A health system that helps people stay healthy, delivers good care when people need it, and will be there for our children and grandchildren.

Approximately 500,000 people receive home care services in Ontario every year. By 2007/08, enhancements in funding will mean that over 100,000 more people receive acute and end-of-life care at home. Home care is available to people at all stages of life, but most services are used by people over age 65. Between 2001 and 2031, the number of people over age 65 in Ontario will double, and the demand for home care will grow.

Home care is a cornerstone of the government's plan to transform health care. Providing more skilled care in the community allows Ontarians to leave hospital sooner or even avoid hospitalization, which reduces wait times for hospital services. Ontario is committed to providing high quality home care. That is why the government asked the Honourable Elinor Caplan to lead an independent review of the competitive bidding process used by Community Care Access Centres (CCACs), the agencies that arrange for and coordinate home care services to provide nursing, personal support and homemaking services, physiotherapy, occupational therapy, social work, speech-language pathology, and dietetics services, and medical supplies and equipment to clients eligible for home care.

The purpose of the review was to:

- assess the impact of the procurement process on the quality and cost of care
- identify ways to improve the quality and continuity of home care services
- identify ways to increase stability in the workforce
- identify ways to improve the procurement process.

The May 2005 report, *Realizing the Potential of Home Care: Competing for Excellence by Rewarding Results*, made 70 recommendations designed to enhance the quality of home care services, strengthen the home care workforce, and improve the procurement process. Over the past few months, the Ministry of Health and Long-Term Care (the ministry) has worked closely with Community Care Access Centres, the Ontario Association of Community Care Access Centres (OACCAC), the Ontario Community Support Association, the Ontario Home Care Association, the Alliance of Professional Associations for Community-based Therapy Services, the Ontario Association of Children's Rehabilitation

Services, the Community Care Health Providers Network Inc., and other provider organizations, in reviewing the Caplan Report and developing plans for implementation. The ministry has accepted the Honourable Elinor Caplan's recommendations with the exception of all but two of the recommendations:

- Allow CCACs to reallocate up to five per cent of their budget annually
- Consider cross-appointments between CCAC and Local Health Integration Network (LHIN) boards.

While the ministry recognizes the benefit of more flexible approaches to funding, allowing CCACs to allocate a portion of their budget to a reserve fund would not be consistent with the newly enacted Local Health System Integration Act, 2005 or with funding practices for transfer payment agencies as set out in the Management Board of Cabinet Transfer Payment Accountability Directive.

Furthermore, in the ministry's view, cross-appointments between CCACs and LHINs could result in a conflict of interest with the LHINs' role as the funder. To avoid this conflict, the decision to not proceed with this recommendation was made.

In fact, the ministry, the OACCAC and CCACs have already acted on many of the recommendations, such as establishing working groups to revise current Request for Proposal (RFP) documents and tools.

The following pages list the recommendations from the Caplan Report, and describe the ministry's response under three key goals:

1. Sustaining client-focused, quality home care services
2. Stabilizing the home care workforce
3. Improving procurement practices.

1. Sustaining Client-focused, Quality Home Care Services

Ontario is committed to ensuring that people who need home care receive client-focused, quality services. Over the next two years, the province will take several steps to improve quality.

1.1 Defining and Monitoring Quality

The Caplan Report made seven recommendations designed to encourage the system to monitor and improve quality, including:

1. Establishing a Centre for Quality and Research in Home Care (CQR) to lead the necessary research to inform policy... and report on client outcomes, establish benchmarks, disseminate best practices, encourage innovation and promote excellence in home care (1)
2. Having the OACCAC, in consultation with the CQR, lead a stakeholder task force to establish common key performance indicators and... common definitions (4)
3. Having the OACCAC define data standards and nomenclature immediately to ensure easy sharing, consolidation and comparison of data (49)
4. Monitoring compliance with the Long-Term Care Act and maintain accurate information on wait lists for both acute and chronic clients in need of home care (51)
5. Monitoring who is receiving home care services and who is not receiving services (52)
6. Establishing a committee with representatives from the OACCAC and the proposed CQR, supported by senior ministry officials, to develop new funding approaches for the home care sector based on demographics and need (53)
7. Encouraging CCAC Boards to monitor and reduce administrative costs, including administrative costs related to case management, whenever possible... and report case management services as a separate line item in the budget (59).

The ministry recognizes the need for research, information and performance measures to improve quality of care and will:

- establish new capacities for local health systems to target improvement efforts in home care and achieve better outcomes, in consultation with LHIN's and health system stakeholders
- every year, report achievements in improving home care performance to Ontarians
- define and adopt common data standards and nomenclature for home care
- identify and share best practices with the community of service providers, and use them to set benchmarks for the sector.

As part of a larger agreement with the ministry, the OACCAC will establish a committee to implement common performance indicators and definitions.

To develop new knowledge to support home care, the ministry will establish a research Chair to lead a home care research consortium and actively promote research in home care to be used by decision-makers and to communicate research findings. The non-endowed

research Chair will hold forums with decision-makers and researchers interested in home care research to develop research ideas that inform home care policy and practice and improve service quality.

To ensure that home care services continue to meet the needs of their clients and families the ministry, in partnership with the LHINs, will:

- monitor waiting lists through quarterly management reports and annual CCAC business plans in order to make sure people with the greatest need get care sooner
- require CCAC executive directors and boards to monitor and reduce administrative costs (e.g., promoting group purchasing) and look for further long-term savings as the 42 CCACs are restructured to 14
- review case management services as reported in a separate line item in CCAC budgets to promote best use of home care funds.

The ministry has already established the Funding Budget and Planning Committee, which continually reviews and refines the funding formula and distribution of funds for CCACs.

1.2 Promoting Continuous Quality Improvement

The Caplan Report made seven recommendations designed to promote continuous quality improvement, including:

1. Completing the revised Home Care Policy and Procedure manual (54)
2. Requiring all CCACs to be accredited by an appropriate organization within five years (60)
3. Requiring all CCACs to participate in the Progressive Excellence Program of the National Quality Institute (61)
4. Having the OACCAC develop common survey tools to evaluate CCACs that stakeholders (i.e., service providers, clients, community organizations, hospitals) will complete on a regular basis (28)
5. Creating incentives for excellence by establishing a Preferred Provider designation for agencies with good employment practices and demonstrated excellence in service to clients (6)
6. Building capacity in quality management in agencies receiving direct government funding for community support services by creating training and education opportunities (33)
7. Mandating the OACCAC to establish a stakeholder committee including clinical experts... to review procurement of infusion therapies and develop standards (43).

The ministry is committed to improving the quality of home care services. The revised Home Care Client Services Policy manual is being finalized and will be released in the summer of 2006.

The ministry supports accreditation as a way to promote quality. All CCACs and service providers will be expected to be accredited by recognized bodies, such as the Canadian Council on Health Services Accreditation, within a designated timeframe. The ministry also supports the concept of having CCACs participate in quality programs, such as those offered by the National Quality Institute.

The OACCAC will develop tools that will be used to survey CCAC stakeholders – including service providers, clients, community organizations and hospitals – and to evaluate CCACs sharing the results with the LHINs, among others.

To ensure that only those agencies that meet certain quality standards receive home care contracts and to reward excellence:

- the OACCAC will establish an expert panel of representatives from the 14 new CCACs to develop a centralized pre-qualification program for service providers
- the home care sector will develop criteria to determine which agencies qualify for Preferred Provider status, and determine how excellent practices are to be recognized in the RFP evaluation process.

To improve the quality of specific services identified by the Caplan Report, the ministry will:

- identify and support home care best practices, service innovations, benchmarks, and outcome-based quality service models
- issue a call for proposals to provide education and training in quality management for agencies that receive direct funding for community support services as well as for service providers with two or fewer CCAC contracts
- support the OACCAC to invite expert groups to review and develop standards for the procurement of infusion therapies.

1.3 Enhancing Continuity of Care

The Caplan Report made five recommendations designed to enhance continuity of care, including:

1. Having CCACs partner with hospitals to coordinate inpatient, emergency and outpatient discharge planning (15)
2. Declaring home care a top priority for IT investment… within home care, the focus [is] to be on electronic referrals from CCACs to community service providers, common assessment of client need and an application that captures and stores the client's history… if priority status is not granted, allow the OACCAC and CCACs to proceed in alignment with eHealth Strategies (46)
3. Coordinating home care with other Government IT initiatives and assign IT Project Management functions for CCACs to Smart Systems for Health… (47)
4. Considering expansion of the Waterloo Region CHIN and/or other information sharing systems to all CCACs (48)
5. Improving continuity by ensuring better communication between all workers providing care to individual clients (12).

Although many CCACs are already partnering with hospitals to coordinate discharge planning, the ministry will formally support the review of the discharge process to evaluate and recommend best practices.

Information technologies will be an important tool in coordinating services. The ministry assessed the Waterloo Region CHIN (Community Health Information Network) and found that it is an important interim strategy; The ministry will continue to support eHealth initiatives that will improve client data as well as information sharing among agencies.

The Continuing Care eHealth Council updated strategic direction and priorities for 2006-09, includes a commitment to the Common Assessment and Electronic Referral and Access Tracking projects.

To improve continuity of care, the contracts between CCACs and service providers will require CCACs and service providers to develop protocols to improve work practices, including better communication between employees serving the same client and better discharge planning between CCACs and hospitals.

1.4 Increasing Client Satisfaction

The Caplan Report made five recommendations designed to increase client satisfaction, including:

1. Having CCACs implement an annual communications plan that promotes who they are, what they do and how to access home care services... [and] publicly release reasons why the winning bidder was chosen and why unsuccessful bids were rejected without prior approval from the MOHLTC (64)
2. Improving communication of client rights to ensure they are aware of their options in home care, including the right to request a review of their case through the Health Services Review and Appeal Board or the Provincial Ombudsman without consequence (8)
3. Giving clients who are dissatisfied with their care a choice (e.g., another caregiver, another service provider) (9)
4. Expanding the Provincial (LHIN) Long-Term Care Action Line to include home care client, caregiver and service provider concerns. Giving clients phone numbers for the service provider, case manager and Action Line to report concerns (11)
5. Having the OACCAC take the lead in developing consistent client survey tools for use by CCACs and service providers, with independent analysis, and allocate points for client survey results in the RFP evaluation (10).

Client satisfaction is an integral part of quality. To ensure open and transparent communication with clients, the ministry will:

- expand the Ministry of Health Long-Term Care Action Line to provide the public with access to an independent third party to hear home care client complaints
- provide up to five independent complaints coordinators to hear client complaints, track trends and address concerns raised with the CCAC involved
- review the annual communications plan submitted by CCACs as part of their business plan to encourage better marketing of their services
- direct CCACs to communicate to clients the process to request a review of their care plan and to reassure them that any issues they raise will not reduce their services
- direct CCACs to inform clients that they have the right to request a change in service provider without being fearful that their services will be reduced.

The OACCAC will be requested to develop standard client survey tools, the results of which, over time, will be used to allocate points in the RFP process.

1.5 Clarifying Roles and Responsibilities

The Caplan Report made 13 recommendations designed to help clarify the roles and responsibilities of different organizations – such as those for the CCACs, the OACCAC, and the ministry – in home care, including:

For CCACs:

1. Provide orientation and ongoing education and training in [CCAC] modern board governance (55)
2. Strengthen board[s] by having at least one member who has extensive knowledge and experience in procurement (56)
3. Require boards to receive regular reports from CCAC staff on contract monitoring and preferred service providers, and oversee agreed upon volume principles (57)
4. Amend the CCAC mandate to remove provision of "direct" services (i.e., nursing, personal support, homemaking, therapies)... to avoid a conflict of interest between the CCACs' role as gatekeeper of government funding and decision-maker on quality and nature of services provided (62)
5. Allow CCACs to reallocate up to five per cent of their budget annually... to a reserve fund to balance future budgets or use for one-time expenditures (39).

For the OACCAC:

6. Make CCAC participation in the OACCAC mandatory. Give the OACCAC the authority to carry out an enhanced [stewardship] role, and diminish its mandate as an advocate for CCACs (67)
7. Ensure the OACCAC Board of Directors includes at least 1/3 community members in addition to CCAC members (68)
8. Give the OACCAC the mandate to develop consistent tools for contract monitoring... [and] create an internal system auditor within the OACCAC (3)
9. Have the OACCAC consult with the MOHLTC and a range of stakeholders... [on] new definitions of the role of case management, including system navigation and/or disease management strategies (66).

For the Ministry of Health and Long-Term Care:

10. Implement the Ontario Provincial Auditor's recommendation to move toward a funding formula based on need by shifting to client-focused envelope funding. Begin demonstration project with eight CCACs, with the goal of expanding the alternative funding model to all CCACs by 2010 (32)
11. Consider cross-appointments between CCAC and LHIN boards (58)
12. Conduct a review of the School Health Support Services Program [with the Ministry of Education, Ministry of Community and Social Services and agencies delivering services] to develop a long term strategy to coordinate and fund services to children in schools (50)
13. Expand group purchasing initiatives to include major cost items common to all CCACs and LHINs (45).

The ministry supports a clear understanding of roles and responsibilities, including a stronger governance role for CCAC boards, a larger role for the OACCAC in ensuring consistency across the sector, and the importance of the ministry's role in setting policies that will help the sector achieve its goals.

To strengthen CCAC boards, the ministry will:

- ensure the provision of information on changes to government policies and programs as well as new initiatives
- make experience in procurement a core competency for board recruitment, ensuring that the Public Appointment Office is aware of the change.

Divesting the CCACs of any role in providing direct services has human resource, associated costs and potentially, labour relations implications. The ministry will continue to require CCACs to develop a business case explaining each circumstance where they deliver direct services. This recommendation and these business cases will be considered in ministry planning.

The Caplan Report recommends an extensive role for the OACCAC, as a means of ensuring greater standardization of practices across CCACs. The ministry is now involved in discussions with the OACCAC to:

- define roles and mutual expectations
- develop a mechanism to give the OACCAC the authority to implement many of the report's recommendations, such as developing consistent tools for contract monitoring and survey tools
- set out a role for the OACCAC as a system auditor, responsible for monitoring and assessing the overall quality of services.

The ministry supports the concept of a strong community voice on the OACCAC board, and is supportive of the OACCAC developing a more community-driven board.

The ministry will support a third party case management review which will consult key stakeholders including the OACCAC and the CCACs to ensure that the system has common definitions and takes a more consistent approach to system navigation and case management.

In terms of the roles set out in the Caplan Report for the ministry itself, the ministry has already established the Funding Budget and Planning Committee, that continues to refine the CCAC funding and distribution formula. In addition, the ministry also plans to review and test new alternative models to fund home care services as recommended by the committee.

The ministry accepts and will support a joint review – with the Ministry of Children and Youth Services – of the School Health Support Services Program to determine how these services should be funded and coordinated.

In the ministry's view, cross-appointments between CCACs and LHINs could result in a conflict of interest with the LHINs' role as the funder. To avoid this conflict, the decision to not proceed with this recommendation was made.

The ministry will implement the recommendation for group purchasing initiatives among CCACs and local health care service providers once the process of aligning CCACs with the LHIN geographic boundaries has been completed.

2. Stabilizing the Home Care Workforce

As the Caplan Report noted, the people who provide home care services – many of whom are personal support workers (PSWs) – need job security, stability, and fair compensation and benefits.

The Caplan Report made seven recommendations designed to help stabilize the home care workforce, including:

1. Providing longer-term contracts for those who meet established criteria for excellence in home care (5)
2. Asking the Ontario Association of Community Care Access Centres (OACCAC) and service provider associations to consider setting basic employment standards for the industry, including dental, drug plans, pension, and mileage (17)
3. Removing barriers to entering the home care sector, such as requiring 100 per cent PSW status with the procurement process. Employers to commit to training and supervision of personal support workers until they achieve PSW status, generally within two years from the date of hire (20)
4. Evaluating, in consultation with the Ministry of Training, Colleges and Universities, the length and content (i.e., curriculum) of PSW training programs before any changes are permitted or funded (21)
5. As new contracts are awarded, eliminate elect-to-work as described in the Employment Standards Act in home care so that all workers receive full coverage under the Employment Standards Act related to paid statutory holidays, notice of termination and severance pay (18)
6. Asking the OACCAC to establish a steering committee with provider associations and the Ontario Hospital Association to begin necessary planning for the elimination of elect-to-work (19)
7. Prohibiting CCACs from hiring staff from a service provider who holds a current contract in their region until the existing contract has ended or service providers are compensated (63).

Strengthening the home care workforce is vital to the goal of improving the quality of home care services for clients and their families. Ontario is committed to developing health human resource strategies that will result in adequate numbers of nurses, therapists and personal support workers to deliver the growing volumes of services in the community sector.

Ontario's nursing strategy, launched in 2004, targets 70 per cent full-time positions in home care. The ministry will support the nursing strategy to reach the 70 per cent goal and work with CCACs to demonstrate that home care is making progress toward this goal. In 2004/05, the home care target of 200 additional full-time equivalent nursing positions was achieved and the ministry expects to achieve the target of 725 at the end of 2005/06. The ministry will support the home care nursing strategies via the centralized pre-qualification process, longer contracts, and Preferred Provider designation.

The ministry will:

- increase the minimum base wage paid to personal support workers under CCAC contracts to $12.50/hr
- while 100 per cent fully trained personal support workers is not required, direct CCACs to require, as part of their contracts, that service providers hire an adequate number of staff with the appropriate level of training to meet client needs
- expand the use of the $10 million Personal Support Worker Training Fund in order to meet the growing need of the sector.

The ministry will work with the home care sector to develop targets for full-time and regular part-time personal support workers, and work with CCACs to offer incentives to employers to provide employees with statutory holiday pay, severance and notice of termination. This should result in less reliance on elect-to-work employees. In addition, personal support workers will be compensated for mileage and travel time.

The ministry is improving its procurement policy to allow CCACs to establish contracts with service providers that can be extended for up to nine years – instead of the current five years – and provide significantly more stability in the sector.

At the ministry's request, the OACCAC and other major stakeholder associations will take steps to improve job stability and compensation for the health care sector, including considering setting basic employment benefits for the sector.

There is currently no provincial policy requiring that 100 per cent of employees providing personal support work be fully trained; however, the goal is to have a home care workforce that is appropriately trained. The Ministry of Training, Colleges and Universities has already made changes to the Personal Support Worker Training Program; for example, the curriculum is now longer and includes more clinical experience. On February 7, 2005, the Health Professional Regulatory Advisory Committee (HPRAC) was asked to review the range of work carried out by personal support workers and make initial recommendations on whether, based on all or part of this work, personal support workers should be considered for regulation under the Regulated Health Professions Act (RHPA). Its recommendations may affect personal support worker training and qualifications.

The ministry will also ask hospitals and CCACs to continue to develop more accurate models to predict the volume of referrals from hospital to home care, so agencies can schedule staff appropriately.

Service providers complain that CCACs often recruit staff from their agencies to fill positions with the CCAC, which can affect their ability to fulfill their contract. As part of comprehensive health human resource planning for the sector, CCACs and service providers will be asked to develop strategic recruitment plans, which should help reduce the risk of staff moving between service providers and CCACs.

3. Improving Procurement Practices

The main purpose of the Caplan review was to improve the competitive procurement process used by CCACs. Open and transparent procurement practices will help achieve the best quality home care at the best value to Ontarians. During the review, the ministry suspended the competitive bidding process. The ministry is committed to improving the procurement process and, subject to urgent service delivery needs, will be including improvements to the procurement process before issuing new requests for proposals.

3.1 Make the Bidding Process More Open and Transparent

The Caplan Report made nine recommendations designed to make the home care bidding process more open and transparent.

1. Streamline [current] multiple pre-qualification processes and create a one-stop province-wide pre-qualification/certification process, administered by the OACCAC and supported by CCAC expertise (2)
2. Amend the RFP and the RFQ to remove the requirement for service providers to create a new legal entity... to enter into joint ventures, consortia and partnerships. Make CCAC approval sufficient for sub-contracting (35)
3. Have the CQR evaluate a new pricing formula... including a value for money formula for those who pass a quality threshold of at least 75 per cent (30)
4. Until the CQR introduces a new pricing formula, have all CCACs use a common formula for price evaluation that reflects pricing differentials (29)
5. Have CCACs specify local issues to be addressed in the procurement process, and evaluate service providers on local issues only when they have an impact on service delivery (26)
6. Conduct information interviews for high bids and sustainability interviews for low bids (31)
7. Strengthen dispute resolution mechanisms. Include in all contracts an agreement that material issues, excluding renewal, be resolved by mediation or, if necessary, arbitration (65)
8. Include a disclaimer in the RFP making it clear that, as an agent of the government, CCACs are subject to PIPEDA and the Freedom of Information and Privacy Act...[and] all information under the care and control of CCACs may be subject to disclosure (24)
9. Starting with the oldest contracts first, have the OACCAC develop a staggered roll-out plan to resume RFPs beginning in April 2006. Develop a transparent procurement cycle for each CCAC, coordinated within the LHINs (69).

The ministry agrees that the bidding process should be open, transparent, fair, and cost effective. The ministry will support the OACCAC to establish a table with representatives from all CCACs to develop a single pre-qualification process, and will amend the CCAC procurement policy and procedures. Under the revised policy, all organizations will be required to complete the pre-qualification process before they can bid on CCAC contracts.

To support a more streamlined, transparent bidding process, the CCACs, through the OACCAC, are revising the procurement templates to:

- include the pre-qualification stage for all contracts, including contracts for therapy services
- simplify the joint proposal rules
- require CCACs to use one common formula to evaluate price
- require CCACs to determine the key issues they would like bidders to address in the written document
- include principles that will help CCACs identify low bids that may suggest that a service provider is not able to meet the required performance standards, and require CCACs to engage legal and financial advice in order to investigate the low bid if it is being seriously considered as a potential successful bidder
- strengthen dispute resolution mechanisms.

The OACCAC will also provide training for CCACs on the changes to the procurement templates. During the training sessions, the OACCAC will reinforce the expectation that CCACs will use one formula to evaluate prices.

In terms of price evaluation formulas, the ministry is evaluating the one proposed in the Caplan Report, which includes a value-for-money formula for those bidders that pass a quality threshold.

While CCACs are not legally subject to the Freedom of Information and Protection of Privacy Act, disclosure of information is, however, an issue that must be addressed. To provide guidance to CCACs on managing and releasing information on their procurement processes, contract template documents will be revised to include:

- new sections on public statements and news releases that will allow CCACs to fully disclose information if the bidder misinforms the media or the public
- more detailed confidentiality and disclosure rules that provide additional clarity and protection for both service providers and CCACs
- changes to the requirement that bidders keep CCAC information confidential, which reflect the fact that much of the RFP document is public information and does not need to be kept confidential.

In collaboration with the OACCAC and service provider associations, the ministry is now working with CCACs to develop a roll-out plan to restart the bidding process. CCACs are developing a schedule of contract end dates, which will be available on the OACCAC website. The focus of the roll-out plan is to ensure quality and no disruption to client care. CCACs will resume the competitive bidding process through a schedule over a four-year period.

3.2 Make it Easier for Small Volume Operators to Compete

The Caplan Report made two recommendations designed to make it easier for small volume service providers to compete for CCAC contracts:

1. Develop a simplified RFP to meet the needs of small volume service providers (37)
2. Allocate up to 15 per cent of total service volumes to small streams to facilitate contracts for low-volume and niche service providers and encourage new entrants to the market (36).

Small volume service providers play an important role in the home care sector. The changes being made to simplify the procurement templates (i.e., going from 60 documents to 23 documents) will make it easier for all operators, including small ones, to compete for contracts. In addition, the OACCAC will establish a limit to the number of pages in the written document that bidders submit.

Allocating a certain portion of CCAC budgets is one way to provide opportunities for small operators, but it will not work for all CCACs; instead the OACCAC will work with CCACs to:

- develop protocols to help CCACs establish proposal streams based on volume, geography, specialized service and core basket of services
- provide training on streaming and small volume RFPs.

3.3 Encourage Innovation

The Caplan Report made two recommendations designed to encourage and reward innovation:

1. Give CCACs more flexibility to encourage innovations by increasing the current exemption from RFP from $150,000 to $250,000 per contract per year. Have CCAC boards approve all RFP exemptions and notify CQR of innovations funded (38)
2. Give service providers credit [in the bidding process] for innovations that improve efficiency and effectiveness [and] disseminate information about innovations (40).

The ministry agrees that CCACs need mechanisms to encourage and reward innovation. The ministry will amend the procurement policy to allow CCACs an exemption from open competition for contracts below the value of $250,000 to a maximum of 10 per cent of that year's budget for each client service. The common evaluation tools being developed by the OACCAC (see 3.4) will give credit to service providers for innovations that improve efficiency and effectiveness.

3.4 Develop Tools to Ensure Consistency

The Caplan Report made six recommendations about common tools that would help ensure greater consistency across the province:

1. Ask the OACCAC, in consultation with service providers, to develop a consistent set of guidelines for establishing the number of service providers for projected volumes (7)
2. Develop common briefing and debriefing tools so CCACs give all bidders and subcontractors common information. As part of the debriefing, make the price of the winning bid public (25)
3. Develop consistent evaluation tools based on objective criteria for the RFP written document, interview and site visit. Make site visits mandatory for eligible bidders. Ensure evaluation tools include modules that take into account large/small, urban/rural regional differences (23)
4. Make the composition of evaluation teams consistent across CCACs (i.e., composed of at least five to seven members with at least one member from the community) (27)
5. Develop a common procurement contract template for medical/surgical supplies and equipment. Use template where there is a significant service component. Use a tender process where there is no significant service component (41)
6. Develop standardized, improved contract monitoring, consistent policies, and... consistent electronic ordering and billing procedures (44).

The ministry supports greater consistency and standardization in the bidding and evaluation process, and has asked the OACCAC to develop:

- protocols to help CCACs establish proposal streams and volumes, taking into account the potential to align CCAC contracts with LHIN boundaries
- common briefing and debriefing tools
- common tools that CCACs can use to evaluate the written document, interview and site visit
- expectations about the composition of evaluation teams
- common procurement templates for medical supplies and equipment
- rules for electronic ordering and billing procedures.

The OACCAC will provide detailed information about these tools and expectations during training sessions with CCACs.

In addition, the ministry will make changes at the policy level to support a more consistent approach, including amending the CCAC procurement policy and procedures to allow CCACs to set minimum passing scores for the interview and site visit.

3.5 Link Scores to System Goals

The Caplan Report made four recommendations designed to strengthen the scoring system and link scores more closely with the system goals of quality and stability:

1. Revise the scoring system for quality evaluation, giving the written document, the interview and site visit equal value (22)
2. Reward excellent employment practices of service providers with Preferred Provider status with additional points in the RFP evaluation (16)
3. In the event of a tied score (i.e., price and quality scores are equal) and the incumbent is not part of the tie, give preference to service providers receiving direct government funding for community support services (34)
4. Base the evaluation of selected supplies and equipment on... 25 per cent for quality and 75 per cent for price (42).

The scoring system for bids must be consistent with the system's goal to improve quality and stability in the home care sector. The ministry has revised the weighting for different aspects of the evaluation to give more weight to the interview and site visit. Beginning with the new procurement cycle, scoring will be as follows: written document 35 per cent; interview 20 per cent; and site visit 20 per cent.

Preferred Provider status will depend on criteria that will be developed in consultation with the OACCAC, CCACs and service providers as part of quality improvement initiatives. The ministry and the OACCAC will work together to develop criteria that can be used to evaluate service providers for Preferred Provider status.

To support a continuum of care between home care and community support service, the ministry will instruct CCACs to give preference – in the event of a tied score where the incumbent is not part of the tie – to service providers receiving direct government funding for community support services.

CCACs and providers of medical supplies and equipment will consult on the service component and, based on the outcome of those discussions, will determine the circumstances when RFPs or tenders are required, and then establish how RFPs and tenders will be issued and evaluated.

3.6 Ensure Stability/Continuity for Clients

The Caplan Report made three recommendations designed to enhance continuity and ensure that stability and continuity of care for clients during contract changes and transitions:

1. Require transition planning, both entering and exiting a contract, and ensure better communication with clients and home care workers (13)
2. Offer end-of-life clients, children and vulnerable clients special consideration during contract transitions (14)
3. Make all contracts let under the 2003 RFP template eligible for a three-year renewal and Preferred Provider status when existing contracts expire (70).

The ministry supports initiatives to reduce or eliminate any disruption in care, particularly for clients who are vulnerable. To improve continuity of care, the contracts between CCACs and service providers will require:

- service providers to have a transition plan for entering and exiting a contract
- CCACs and service providers to make special considerations during contract transitions for vulnerable clients, children, and clients receiving end-of-life care.

The ministry also agrees that service providers with Preferred Provider status should be eligible to have their contracts renewed; however, the system will implement that recommendation once the Preferred Provider designation is established.

Conclusion

Ontario is committed to providing client-focused, high quality home care for Ontarians. To do that, we must improve our procurement practices and stabilize the home care workforce. We must choose quality and we must reward excellence.

Home care is a vital health service. Over the next ten years, this will play a larger role in the health care system, providing the care Ontarians need where they want it: at home. The Caplan Report mapped a clear route to a stronger home care sector. The Ministry of Health and Long-Term Care is working closely with CCACs and service providers to implement the recommendations of the Caplan Report and realize the potential of home care.

Appendix

Summary of Caplan Report Recommendations

No.	Recommendation	Ministry Response
1	Establish a centre for Quality and Research in Home Care (CQR) to lead the necessary research to inform good policy in home care. The Centre to report on client outcomes, establish benchmarks, disseminate best practices, encourage innovation and promote excellence in home care.	The ministry recognizes the need for research, information and performance measures to improve quality of care and will: • Establish new capacities for local health systems to target improvement efforts in home care and achieve better outcomes, in consultation with local health integration networks and health system stakeholders • Every year, report achievements in improving home care performance to Ontarians • Define and adopt common data standards and nomenclature for home care • Identify and share best practices with the community of providers, and used to set benchmarks for the sector.
2	Streamline multiple pre-qualification processes by creating a one-stop province-wide pre-qualification/ certification process. The CQR to develop a comprehensive certification model based on objective criteria. All providers to be certified by discipline and by volume. In the interim, province-wide pre-qualification to be administered by the OACCAC and supported by CCAC expertise.	• The ministry will amend the ministry procurement policy for CCACs to require a pre-qualification stage for all services. • The OACCAC will establish an expert panel of representatives from the 14 new CCACs to develop a centralized pre-qualification program for service providers.

Summary of Caplan Report Recommendations *(continued)*

No.	Recommendation	Ministry Response
3	Give OACCAC the mandate to develop consistent tools for contract monitoring. Contract monitoring also to be enhanced by creating an internal system auditor within the OACCAC.	• The ministry is now involved in discussion with the OACCAC to develop consistent tools for contract monitoring and survey tools and to set out a role for the OACCAC as a system auditor, responsible for monitoring and assessing the overall quality of services.
4	OACCAC to lead a task force of stakeholder associations including representatives with expertise in performance measurement to complete current work on establishing common key performance indicators and the relevant common definitions. This to be included in the standards and services schedule of the RFP. In the longer term, this work to be done in consultation with the CQR.	• OACCAC will establish a committee to implement common performance indicators and definitions.
5	Increase stability in the workforce with longer-term contracts for those who meet established criteria for excellence in home care.	• The ministry is improving its procurement policy to allow CCACs to establish contracts with service providers that can be extended for up to nine years – instead of the current five years – and provide significantly more stability in the sector.

Summary of Caplan Report Recommendations *(continued)*

No.	Recommendation	Ministry Response
6	Create incentives for excellence by establishing a Preferred Provider designation for agencies with good employment practices and demonstrated excellence in service to clients. The CQR to ensure good employment practices are defined through consultation with human resource experts and relevant stakeholders.	To improve the quality of specific services identified by the Caplan Report, the ministry will ensure: • Only agencies that meet certain quality standards receive home care contracts; • To reward excellence, the home care sector will develop criteria to determine which agencies qualify for Preferred Provider status, and determine how excellent practices are to be recognized in the Request for Proposal (RFP) evaluation process; and, • Identify and support home care best practices, service innovations, benchmarks and outcome based quality service models.
7	OACCAC, in consultation with service providers, to develop a consistent set of principles for establishing the number of service providers for projected volumes.	• OACCAC will work with CCACs to develop protocols to help CCACs establish proposal streams based on volume, geography, specialized service and core basket of services.
8	Improve communication of client rights to ensure they are aware of their options in home care, including the right to request a review of their case through the Health Services Appeal and Review Board or the Provincial Ombudsman without consequence.	• The ministry will direct CCACs to communicate to clients the process to request a review of their care plan and to reassure them that by raising any issues, they do not risk having their services reduced.
9	Give clients who are dissatisfied with their care a choice. When a client consistently expresses dissatisfaction with care, service providers will be asked to change the caregiver. If dissatisfaction with care continues, case managers will offer clients a choice of other available service providers.	• The ministry will direct CCACs to inform clients that they have the right to request a change in service provider without being fearful that their services will be reduced.

Summary of Caplan Report Recommendations *(continued)*

No.	Recommendation	Ministry Response
10	The OACCAC to lead the development of consistent client survey tools for use by CCACs and service providers, with independent analysis, and allocate points for client survey results in the RFP evaluation.	• The OACCAC will be requested to develop standard client survey tools, the results of which, over time, will be used to allocate points in the RFP process.
11	Expand the Provincial (LHIN) Long-Term Care Action Line to include home care client, caregiver and service provider concerns. The Action Line to provide a forum to hear confidential concerns. Clients to be given phone numbers for the service provider, case manager and the provincial (LHIN) Action Line to report concerns.	• The ministry will expand the Ministry of Health Long-Term Care Action Line to provide the public with access to an independent third party to hear home care client complaints and provide up to five independent complaints coordinators to hear client complaints, track trends and address concerns raised with the CCAC involved.
12	Service providers to improve continuity by ensuring better communication between all workers providing care to individual clients.	• To improve continuity of care, the contracts between CCACs and service providers will require CCACs and service providers to develop protocols to improve work practices, including better communication between employees serving the same client and better discharge planning between CCACs and hospitals.
13	Enhance continuity of care by requiring transition planning, both entering and exiting a contract and ensuring better communication to clients and home care workers.	• To improve continuity of care, the contracts between CCACs and service providers will require service providers to have a transition plan for entering and exiting a contract.
14	Give end-of-life clients, children and vulnerable clients special consideration during contract transitions.	• To improve continuity of care, the contracts between CCACs and service providers will require CCACs and service providers to make special considerations during contract transitions for vulnerable clients, children and clients receiving end-of-life care.

Summary of Caplan Report Recommendations *(continued)*

No.	Recommendation	Ministry Response
15	CCACs to partner with hospitals to coordinate inpatients, emergency and outpatient discharge planning. The hospital and the CCAC to share funding for these services.	• Although many CCACs are already partnering with hospitals to coordinate discharge planning, the ministry will formally support the review of the discharge process to evaluate and recommend best practices.
16	Reward excellent employment practices of service providers with additional points in the RFP evaluation process once Preferred Provider status is achieved.	• Preferred Provider status will depend on criteria that will be developed in consultation with the OACCAC, CCACs and service providers as part of quality improvement initiatives. • The ministry and the OACCAC will work together to develop criteria that can be used to evaluate service providers for Preferred Provider status.
17	The OACCAC and service provider associations to consider setting basic employment standards for the industry including dental, drug plans, pension and mileage.	• Personal support workers will be compensated for mileage and travel time. • At the ministry's request, the OACCAC and other major stakeholder associations will take steps to improve job stability and compensation for the health care sector, including considering setting basic employment benefits for the sector.
18	As new contracts are awarded, eliminate elect-to-work as described in the Employment Standards Act in home care so that all workers receive full coverage under the Employment Standards Act related to paid statutory holidays, notice of termination and severance pay.	• The ministry will work with the home care sector to develop targets for full-time and regular part-time personal support workers, and work with CCACs to offer incentives to employers to provide employees with statutory holiday pay, severance and notice of termination. • The ministry will increase the base minimum wage paid to personal support workers under CCAC contracts from $9.65/hr to $12.50/hr.

Summary of Caplan Report Recommendations *(continued)*

No.	Recommendation	Ministry Response
19	The OACCAC to establish a steering committee with provider associations and the Ontario Hospital Association to begin necessary planning for the elimination of elect-to-work.	• The ministry will ask hospitals and CCACs to continue to develop more accurate models to predict the volume of referrals from hospital to home care, so agencies can schedule staff appropriately.
20	Remove barriers to entering the home care workforce. CCACs not to require 100 per cent PSW status within the procurement process. Employers to commit to training and supervision of support workers until they achieve PSW status, generally within two years from the date of hire.	• There is currently no provincial policy requiring that 100 per cent of employees providing personal support work be fully trained. • The goal is to have a home care workforce that is appropriately trained.
21	MOHLTC and Ministry of Training, Colleges and Universities to evaluate PSW training programs. The evaluation to include both length and content of the curriculum, and be completed before any changes are permitted or funded.	• The ministry will expand the use of the $10 million Personal Support Worker Training Fund in order to meet the growing need of the sector. • The Ministry of Training, Colleges and Universities has already made changes to the Personal Support Worker Training Program. For example, the curriculum is now longer and includes more clinical experience.
22	Revise the scoring system for quality evaluation and have the written document, the interview and the site visit be of equal value.	• Beginning with the new procurement cycle, scoring will be as follows: written document 35 per cent; interview 20 per cent; and site visit 20 per cent.

Summary of Caplan Report Recommendations *(continued)*

No.	Recommendation	Ministry Response
23	Develop consistent evaluation tools based on objective criteria for the RFP written document, interview and site visit. Site visits to be mandatory for eligible bidders (those bidders that have passed the written document and interview stage at a score of 75 per cent). Evaluation tools to include modules that take into account large/small, urban/rural regional differences.	• The ministry will make changes at the policy level to support a more consistent approach, including amending the CCAC procurement policy and procedures to allow CCACs to set minimum passing scores for the interview and site visit. • The ministry has asked OACCAC to develop common tools that CCACs can use to evaluate the written document, interview and site visit.
24	Include a disclaimer in RFP to make it known that as an agent of the government, CCACs are subject to PIPEDA and the Freedom of Information and Protection of Privacy Act, which means all information under the care and control of CCACs may be subject to disclosure.	• While CCACs are not legally subject to the Freedom of Information and Protection of Privacy Act, disclosure of information is, however, an issue that must be addressed. • To provide guidance to CCACs on managing and releasing information on their procurement processes, contract template documents will be revised to include: – new sections on public statements and news releases that will allow CCACs to fully disclose information if the bidding providers misinform the media or the public; – more detailed confidentiality and disclosure rules that provide additional clarity and protection for both service providers and CCACs; and – changes to the requirement that bidders keep CCAC information confidential, which reflect the fact that much of the RFP document is public information and does not need to be kept confidential.

Summary of Caplan Report Recommendations *(continued)*

No.	Recommendation	Ministry Response
25	Develop common briefing and debriefing tools so that CCACs provide all bidders and subcontractors with common information. As part of the debriefing, the price of the winning bid to be made public.	• The ministry has asked the OACCAC to develop common briefing and debriefing tools.
26	CCACs to clearly specify the local issues to be addressed in the procurement process. CCACs to evaluate service providers on local issues only where these issues clearly have an impact on service delivery.	• The CCACs, through the OACCAC, are revising the procurement templates to require CCACs to determine the key issues they would like bidders to address in the written documents.
27	The composition of evaluation teams to be consistent across CCACs. All teams to be composed of five to seven members with at least one member from the community.	• The ministry has asked the OACCAC to develop expectations about the composition of evaluation teams.
28	The OACCAC to develop common survey tools for stakeholders to evaluate CCACs. The survey of CCACs to be an anonymous annual survey of stakeholders including contracted service providers, clients, community organizations and hospitals.	• The OACCAC will develop tools that will be used to survey CCAC stakeholders – including service providers, clients, community organizations and hospitals – and to evaluate CCACs, sharing the results with the LHINs among others.
29	Until such time as the CQR introduces a value for money or new pricing formula, all CCACs to use a common formula for price evaluation that best reflects pricing differentials.	• The CCACs, through the OACCAC, are revising the procurement templates to require CCACs to use one common formula to evaluate price.
30	The CQR to evaluate new pricing formulae to address current concerns, including a value for money formula for those that pass a quality threshold of at least 75 per cent. The score to be calculated as follows: $\frac{\text{Price-estimated severance}}{\text{Quality}} \times 100 = \text{Value for Money Index}$	• In terms of price evaluation formulae, the ministry is evaluating the one proposed in the Caplan Report, which includes a value for money formula for those bidders that pass a quality threshold.

Summary of Caplan Report Recommendations *(continued)*

No.	Recommendation	Ministry Response
31	Conduct information interviews for high bids (15 per cent above the highest bid) and sustainability interviews for low bids (15 per cent below the median). The sustainability interview to determine whether the service provider should be disqualified. This applies only to those service providers that have been identified as being eligible for a contract.	• The CCACs, through the OACCAC, are revising the procurement templates to include principles that will help CCACs identify low bids that may suggest that a service provider is not able to meet the required performance standards, and require CCACs to engage legal and financial advice in order to investigate the low bid if it is being seriously considered as a potential successful bidder.
32	Implement the Ontario Provincial Auditor's recommendation to move towards a funding formula based on need by shifting to client-focused envelope funding. Begin demonstration project with eight CCACs, with the goal of expanding the alternative funding model to all CCACs by 2010.	• The ministry has already established the Funding Budget and Planning Committee, which continues to refine the CCAC funding and distribution formula. • The ministry also plans to review and test new alternative models to fund home care services as recommended by the committee.
33	The Government to build capacity in quality management in agencies receiving direct funding for CSS through the creation of training and educational opportunities.	• The ministry will issue a call for proposals to provide education and training in quality management for agencies that receive direct funding for community support services as well as for service providers with two or fewer CCAC contracts.
34	In event of a tied score (quality and price scores are equal), and the incumbent is not part of the tie, service providers receiving direct government funding for Community Support Services to receive preference.	• To support a continuum of care between home care and community support service, the ministry will instruct CCACs to give preference – in the event of a tied score where the incumbent is not part of the tie – to service providers receiving direct government funding for community support services.

Summary of Caplan Report Recommendations *(continued)*

No.	Recommendation	Ministry Response
35	Amend the RFP and RFQ so that there is no requirement for service providers to create a new legal entity if they wish to enter into joint ventures, consortia and partnerships. CCAC approval to be sufficient for sub-contracting.	• The CCACs, through the OACCAC will simplify the joint proposal rules.
36	Allocate up to 15 per cent of total service volumes to small streams to facilitate contracts for low volume and niche providers, and to encourage new entrants to the market.	• The OACCAC will work with CCACs to develop protocols to help CCACs to establish proposal streams e.g., based on volume, geography, specialized services, core basket of services.
37	Develop a simplified RFP to meet the needs of small-volume providers.	• The changes being made to simplify the procurement templates i.e., going from 60 documents to 23 documents, will make it easier for all operators, including small ones, to compete for contracts. • The OACCAC will establish a limit to the number of pages in the written document that bidders submit.
38	Give CCACs more flexibility to encourage innovation by increasing the current exemption from RFP from $150,000 to $250,000 per contract per year. CCAC boards to approve all RFP exemptions and also notify CQR of innovations funded in this manner.	• The ministry will amend the procurement policy to allow CCACs an exemption from open competition for contracts below the value of $250,000 to a maximum of 10 per cent of that year's budget for each client service.
39	Allow CCACs to re-profile up to five per cent of their budget annually. This five per cent to be directed to a reserve fund to balance future budgets or be used for one-time expenditures.	• While the ministry recognizes the benefit of more flexible approaches to funding, allowing the CCACs to allocate a portion of their budget to a reserve fund would not be consistent with the newly enacted Local Health System Integration Act, 2005, or with funding practices for transfer payment agencies as set out in the *Management Board of Cabinet Transfer Payment Accountability Directive.*

Summary of Caplan Report Recommendations *(continued)*

No.	Recommendation	Ministry Response
40	Give service providers credit in the RFP for innovations that improved efficiency and effectiveness. CQR to widely disseminate information about innovations developed in financial partnership with the CQR or a CCAC.	• The common evaluation tools being developed by the OACCAC will give credit to service providers for innovations that improve efficiency and effectiveness.
41	Develop a common procurement contract template for medical/surgical supplies and equipment. Use template in cases where there is a significant service component. Use tender process where there is no significant service component.	• The ministry has asked the OACCAC to develop common procurement templates for medical supplies and equipment.
42	Evaluation of an RFP for selected supplies and equipment to be based on a 25 per cent score for quality and 75 per cent for price.	• CCACs and providers of medical supplies and equipment will consult on the service component and, based on the outcome of those discussions, will determine the circumstances when RFPs or tenders are required, and then establish how RFPs and tenders will be issued and evaluated.
43	OACCAC be mandated to establish a stakeholder committee including representatives from the College of Pharmacy, the College of Nurses and infection control experts to review procurement of infusion therapies and to develop standards. Evaluation of infusion therapy providers to be based on quality pharmaceutical standards.	• The ministry will support the OACCAC to invite expert groups to review and develop standards for the procurement of infusion therapies.
44	Enhance consistency of procurement through standardization, improved contract monitoring, consistent policies and the development of consistent electronic ordering and billing procedures.	• The ministry has asked the OACCAC to develop rules for electronic ordering and billing procedures.

Summary of Caplan Report Recommendations *(continued)*

No.	Recommendation	Ministry Response
45	Expand group purchasing initiatives to include major cost items common to all CCACs and LHINs, where appropriate.	• The ministry will implement the recommendation for group purchasing initiatives among CCACs and local health care service providers once the process of aligning CCACs with the LHIN geographic boundaries has been completed.
46	Declare home care a top priority for IT investment by MOHLTC through the eHealth Council and its subcommittee, the Continuing Care eHealth Council, including the Smart Systems for Health Agency. Within home care the focus to be on electronic referrals from CCACs to community providers, common assessment of client need and an application that captures and stores the client's history and is a building block of the electronic health record. If priority status is not granted, allow the OACCAC and the CCACs to proceed in alignment with eHealth Strategies.	• The ministry will continue to support the eHealth initiatives that will improve client data as well as information-sharing among agencies. • The Continuing Care eHealth Council updated strategic direction and priorities for 2006-09, includes a commitment to the Common Assessment and Electronic Referral and Access Tracking projects.
47	Coordinate home care with other Government IT initiatives and assign IT Project Management functions for CCACs to Smart Systems for Health and its Deployment Planning and Management Office. If priority status is not granted, allow the OACCAC and CCACs to proceed in alignment with eHealth strategies.	• The ministry will continue to support eHealth initiatives that will improve client data as well as information-sharing among agencies.
48	Consider expansion of the Waterloo Region CHIN and/or other information-sharing systems to all CCACs, as part of the consolidation of CCACs.	• The ministry assessed the Waterloo Region CHIN and found that it is an important interim strategy.

Summary of Caplan Report Recommendations *(continued)*

No.	Recommendation	Ministry Response
49	The OACCAC to define data standards and nomenclature immediately to ensure easy sharing, consolidation and comparison of data and this should be aligned as appropriate with the work of the Ontario Health Information Standards Council.	• The ministry will define and adopt common data standards and nomenclature.
50	MCYS to conduct a review of the School Health Support Services program currently funded by MOHLTC and delivered by the CCACs to develop a long-term strategy for both the co-ordination of services to children in schools and the funding of these services. Review to involve the MOEd, MOHLTC, MSCC and agencies currently delivering home care school programs.	• The ministry accepts and will support a joint review – with the Ministry of Child and Youth Services – of the School Health Support Services Program and determine how these services should be funded and coordinated.
51 52	MOHLTC to monitor compliance with the Long-Term Care Act and maintain accurate information on wait lists on both acute and chronic clients in need of home care. The MOHLTC to monitor who is receiving home care services and who is not receiving services, including acute and chronic maintenance clients. Develop and implement appropriate regulations to support this function.	• The ministry in partnership with the LHINs will monitor waiting lists through quarterly management reports and annual CCAC business plans in order to make sure people with the greatest need get care sooner.
53	MOHLTC to establish a Committee with representatives from the OACCAC and the proposed CQR to develop new funding approaches for the home care sector based on demographics and need. This Committee to be supported by senior MOHLTC officials.	• The ministry in partnership with the LHINs has established the Funding Budget and Planning Committee which continually reviews and refines the funding formula and distribution for CCACs.

Summary of Caplan Report Recommendations *(continued)*

No.	Recommendation	Ministry Response
54	MOHLTC to place a high priority on completing the revised Home Care Policy and Procedure Manual.	• The revised Home Care Client Services Policy manual is being finalized and will be released in the summer of 2006.
55	MOHLTC to provide orientation and ongoing training and education for modern board governance.	• The ministry will ensure the provision of information to CCAC boards on changes to government policies and programs as well as new initiatives.
56	Strengthen board experience by having at least one member who has extensive knowledge and experience in procurement.	• The ministry will make experience in procurement a core competency for board recruitment and ensure the Public Appointment Office is aware of the change.
57	CCAC boards to receive regular reports from staff on contract monitoring and Preferred Providers. In keeping with Recommendation 7, Boards to oversee that agreed upon volume principles are followed.	• The ministry supports a clear understanding of roles and responsibilities, including a stronger governance role for CCAC boards.
58	MOHLTC to consider cross-appointments between CCAC and LHIN boards.	• In the ministry's view, cross-appointments between CCACs and LHINs could result in a conflict of interest with LHINs' role as funder. To avoid this conflict, the decision to not proceed with this recommendation was made.
59	CCAC boards to monitor and reduce administrative costs (including administrative costs related to case management) wherever possible. The case management service to be reported as a line item in the budget.	• The ministry in partnership with LHINs will require CCAC executive directors and boards to monitor and reduce administrative costs (e.g., promoting group purchasing), look for further long-term savings as the 42 CCACs are restructured to 14, and will review case management services as reported in a separate line item in CCAC budgets to promote best use of home care funds.

Summary of Caplan Report Recommendations *(continued)*

No.	Recommendation	Ministry Response
60	CCACs to be accredited by an appropriate organization within five years. MOHLTC to determine which accreditation is most suitable for CCACs and whether modifications are needed.	• All CCACs and service providers will be expected to be accredited by recognized bodies, such as the Canadian Council on Health Services Accreditation, within a designated timeframe.
61	All CCACs be required to participate in the Progressive Excellence Program of the National Quality Institute.	• The ministry supports the concept of having CCACs participate in quality programs, such as those offered by the National Quality Institute.
62	The CCAC mandate to be amended to remove provision of "direct" services. Direct services include nursing, personal support, homemaking and therapies. This change is recommended in order to avoid a conflict of interest between the CCACs role as gatekeeper of government funding and decision-maker on quantity and nature of services to be provided.	• The ministry will continue to require CCACs to develop a business case explaining each circumstance where they deliver direct services. • This recommendation and these business cases will be considered in ministry planning.
63	CCACs to be prohibited from hiring staff from a service provider who holds a current contract in their region until the existing contract has ended or providers are compensated.	• As part of comprehensive health human resource planning for the sector, CCACs and service providers will be asked to develop strategic recruitment plans, which should help reduce the risk of staff moving between service providers and CCACs.
64	CCACs to implement an annual communication plan that promotes who they are, what they do, and how to access home care services. All CCACs to publicly release reasons why the winning bidder was chosen and reasons why the unsuccessful bids were rejected without prior approval from MOHLTC.	• The ministry will review the annual communications plan submitted by CCACs as part of their business plan to encourage better marketing of their services.

Summary of Caplan Report Recommendations *(continued)*

No.	Recommendation	Ministry Response
65	Strengthen dispute resolution mechanisms. All contracts to include agreement that material issues, excluding renewal, be resolved by mediation or, if necessary, by arbitration.	• The CCACs, through the OACCAC, are revising the procurement templates to strengthen dispute resolution mechanisms.
66	The OACCAC to consult with the MOHLTC and a broad range of stakeholders to obtain feedback about new definitions of the role of case management, including system navigation and/or disease management strategies.	• The ministry will support a third party case management review which will consult key stakeholders including the OACCAC and the CCACs to ensure that the system has common definitions and takes a more consistent approach to system navigation and case management.
67	The OACCAC be given the necessary authority by a memorandum of understanding with the MOHLTC to carry out its enhanced role. CCAC participation in the OACCAC should be mandatory. The OACCAC mandate as advocates for CCACs should be diminished as they assume a greater stewardship responsibility.	• The ministry is now involved in discussions with the OACCAC to define roles and mutual expectations and develop a mechanism to give the OACCAC the authority to implement many of the report's recommendations, such as developing consistent tools for contract monitoring and survey tools.
68	The OACCAC Board of Directors should include at least one-third community membership in addition to CCAC members.	• The ministry supports the concept of a strong community voice on the OACCAC board, and is supportive of the OACCAC developing a more community-driven board.
69	Starting with the oldest contracts first, the OACCAC to develop a staggered roll-out plan for the resumption of RFPs beginning in April 2006. Further, a transparent procurement cycle to be developed for each CCAC and coordinated within the LHINs.	• CCACs are developing a schedule of contract end dates, which will be available on the OACCAC website. • CCACs will resume the competitive bidding process through a schedule over a four-year period.

Summary of Caplan Report Recommendations *(continued)*

No.	Recommendation	Ministry Response
70	All contracts let under the 2003 RFP template to be eligible for a three-year renewal upon expiration of existing contracts and for Preferred Provider status.	• Service providers with Preferred Provider status should be eligible to have their contracts renewed; however, the system will implement that recommendation once the Preferred Provider designation is established.

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